

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT****FORM SPAC  
COVER SHEET PG 1**

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission files)	2 Total pages filed: 9	
3 COMMITTEE NAME  Citizens for an Improved Arlington		<b>OFFICE USE ONLY</b> Date Received 07 OCT 3 PM 4:22 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 856 Arlington, Texas 76004-0856			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. John E. NICKNAME LAST SUFFIX Borton			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1801 W. Park Row Dr. Arlington, TX 76013			
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 856 Arlington, Texas 76004-0856			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 261-3471			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month Day Year      Month Day Year 10 / 9 / 2007      THROUGH      10 / 29 / 2007			
11 ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 06 / 2007			

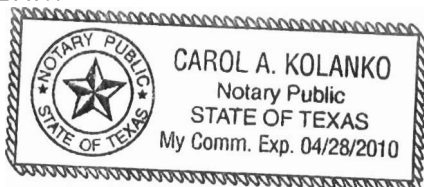
**GO TO PAGE 2**

# **SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Citizens for an Improved Arlington		<b>ACCOUNT #</b> (Ethics Commission filers)	
<b>13 COMMITTEE PURPOSE</b> (Attach lists on plain paper to complete this report if necessary.)  <b>SUPPORT</b> (Candidate or Measure)  <input type="checkbox"/> <b>OPPOSE</b> (Candidate or Measure)  <input type="checkbox"/> <b>ASSIST</b> (Officeholder)	<input type="checkbox"/> <b>CANDIDATE</b>	<b>CANDIDATE / OFFICEHOLDER NAME</b>	
		<b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b>	
	<input type="checkbox"/> <b>OFFICEHOLDER</b>	<b>BALLOT IDENTIFICATION / #</b> Proposition 1	
		<b>ELECTION DATE</b> Month Day Year 11 / 06 / 2007	
<input checked="" type="checkbox"/> <b>MEASURE</b>	<b>DESCRIPTION</b> Arlington Crime and Control District		
<b>14 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 29,297.59
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ -0-
	4. TOTAL POLITICAL EXPENDITURES		\$ 22,119.34
<b>EXPENDITURE TOTALS</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 9,676.14
<b>CONTRIBUTION BALANCE</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ -0-
<b>OUTSTANDING LOAN TOTALS</b>			

## **15 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of campaign treasurer

Sworn to and subscribed before me, by the said John Eric Borton, this the 30th day of October, 20 07, to certify which, witness my hand and seal of office.

*[Signature]* *[Signature]* *[Signature]*  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**  
Page 1

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: <b>3</b>	
<b>2</b> FILER NAME Citizens for an Improved Arlington		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date 10/9/07	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bluebonnet Video Productions <hr/> <b>6</b> Contributor address; City; State; Zip Code P.O. Box 520 Crowley, TX 76036	<b>7</b> Amount of contribution (\$) In-kind contribution of \$210.	<b>8</b> In-kind contribution description (if applicable) In-kind contribution for 3.25 hrs of media services.
(If travel outside of Texas, complete Schedule T)			
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

Date 10/11/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carla Strauser <hr/> Contributor address; City; State; Zip Code 6709 Canyon Creek Dr., Arlington, TX 76001	Amount of contribution (\$) \$100.	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 10/11/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Kruckemeyer <hr/> Contributor address; City; State; Zip Code 6014 Farmingdale, Arlington, TX 76001	Amount of contribution (\$) \$100.	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 10/11/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Chao <hr/> Contributor address; City; State; Zip Code 3610 Glen Brook Dr., Arlington, TX 76015	Amount of contribution (\$) \$100.	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date 10/8/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becki Brandenburg <hr/> Contributor address; City; State; Zip Code 6807 Glen Dale Dr., Arlington, TX 76017	Amount of contribution (\$) \$100.	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**  
Page 2

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: <b>3</b>	
<b>2</b> FILER NAME Citizens for an Improved Arlington		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  10/16/07	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Moloney <hr/> <b>6</b> Contributor address; City; State; Zip Code 2008 Rumson, Arlington, TX 76006	<b>7</b> Amount of contribution (\$)  \$25.  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  10/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Griffin <hr/> Contributor address; City; State; Zip Code 1301 Lavender Ln., Arlington, TX 76013	Amount of contribution (\$)  \$25.  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/03/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seth Archer <hr/> Contributor address; City; State; Zip Code 9222 Heatherdale Dr., Dallas, TX 75243	Amount of contribution (\$)  \$100.  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/07/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Henicke <hr/> Contributor address; City; State; Zip Code 2721 Lucas Dr., Arlington, TX 76015	Amount of contribution (\$)  \$100.  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/07	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Bob Cluck Campaign <hr/> Contributor address; City; State; Zip Code 1301 Crownhill Ct., Arlington, TX 76012	Amount of contribution (\$)  \$500.  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**  
Page 3

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A: <b>3</b>	
<b>2</b> FILER NAME Citizens for an Improved Arlington		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> Date  10/25/07	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Media Allies</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>6008 Lavaca Dr. Arlington, TX 76018</b>	<b>7</b> Amount of contribution (\$) In-kind contribution of \$225.  (If travel outside of Texas, complete Schedule T)	<b>8</b> In-kind contribution description (if applicable) In-kind contribution for 2.25 hrs of media services.
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE C**  
Page 1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 2	
2 FILER NAME Citizens for an Improved Arlington		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/15/07	5 Corporation / Labor Organization name MYCOSKIE McINNIS ASSOCIATES INC. 6 Corporation / Labor Organization address; City; State; Zip Code 200 E. Abrams St., Arlington, TX 76010	7 Amount of contribution (\$) \$500. (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
Date 10/5/07	Corporation / Labor Organization name Republic Waste Services of TX., LTD Corporation / Labor Organization address; City; State; Zip Code 1212 Harrison Ave. Arlington, 76011	Amount of contribution (\$) \$3500. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 10/8/07	Corporation / Labor Organization name Coronado Properties Corporation / Labor Organization address; City; State; Zip Code 1803 Park Row Dr. Arlington, TX 76013	Amount of contribution (\$) \$1000. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 10/9/07	Corporation / Labor Organization name Steiner & Associates, Inc. Corporation / Labor Organization address; City; State; Zip Code 4016 Townsfair way, Suite 201 Columbus OH 43219	Amount of contribution (\$) \$2000. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 10/11/07	Corporation / Labor Organization name Peyco Southwest Realty Inc. Corporation / Labor Organization address; City; State; Zip Code 1703 Peyco Drive North, Arlington, TX 76001	Amount of contribution (\$) \$500. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date 10/17/07	Corporation / Labor Organization name Cotter Associates, LLC. Corporation / Labor Organization address; City; State; Zip Code 1805 W. Park Row Dr., Arlington, TX 76013	Amount of contribution (\$) \$100. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

**SCHEDULE C**  
Page 2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C: 2	
2 FILER NAME Citizens for an Improved Arlington		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/17/07	5 Corporation / Labor Organization name W2005 WYN Hotels, L.P., Sheraton Arlington Hotel 6 Corporation / Labor Organization address; City; State; Zip Code 1500 Convention Center Dr., Arlington, TX 76011	7 Amount of contribution (\$) \$200. (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
Date 10/20/07	Corporation / Labor Organization name Kelly McKnight Wrecker Service, Inc. Corporation / Labor Organization address; City; State; Zip Code PO Box 1052, Arlington, TX 76004	Amount of contribution (\$) \$500. (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES****SCHEDULE F**

Page 1

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule F: <b>2</b>
<b>2</b> FILER NAME Citizens for an Improved Arlington		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date  9/17/07	<b>5</b> Payee name BlueBonnet Video Productions <b>6</b> Payee address; City; State; Zip Code P.O. Box 520, Crowley, TX 76036	<b>7</b> Amount (\$)  \$429.
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Video advertising services  (If travel outside of Texas, complete Schedule T)		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date 10/25/07	Payee name Media Allies Payee address; City; State; Zip Code 6008 Lavaca Dr. Arlington, TX 76018	Amount (\$)  \$823.21
Purpose of payment (See instructions regarding type of information required.) Design and printing of push cards  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date 10/25/07	Payee name Media Allies Payee address; City; State; Zip Code 6008 Lavaca Dr. Arlington, TX 76018	Amount (\$)  \$570.
Purpose of payment (See instructions regarding type of information required.) Outdoor advertising design  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date 10/22/07	Payee name Jus Cause Payee address; City; State; Zip Code PO Box 200185, Arlington, TX 76006	Amount (\$)  \$7054.
Purpose of payment (See instructions regarding type of information required.) Political consulting services and phone dialer  (If travel outside of Texas, complete Schedule T)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		



# POLITICAL EXPENDITURES

## SCHEDULE F

Page 2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME Citizens for an Improved Arlington		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/24/07	5 Payee name Ted Eby  6 Payee address; City; State; Zip Code 6008 Lavaca Dr, TX 76018	7 Amount (\$)  \$155.57
8 Purpose of payment (See instructions regarding type of information required.) Pizza for volunteers  (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/24/07	Payee name Lynn Ligon  Payee address; City; State; Zip Code 1101 Pierce Arrow Dr, TX 76001	Amount (\$)  \$211.81
Purpose of payment (See instructions regarding type of information required.) Decorations for citizen rally  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/29/07	Payee name Media Allies  Payee address; City; State; Zip Code 6008 Lavaca Dr. Arlington, TX 76018	Amount (\$)  \$1493.75.
Purpose of payment (See instructions regarding type of information required.) Design and printing of 4'x4' yard signs  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/17/07	Payee name D. Fernandez & Associates  Payee address; City; State; Zip Code 2823 Quail Lane, Arlington TX 76010	Amount (\$)  \$2000.
Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED